

Optometry Coding & Billing Alert

READER QUESTION ~ Ask Insurer How to Prove Medical Necessity for Gonioscopy

Question: Which diagnosis codes prove medical necessity for gonioscopy?

Ohio Subscriber

Answer: Check with your carrier. Each carrier may have different policies regarding reimbursement for 92020 (Gonioscopy [separate procedure]). In many cases, you can search for local medical review policies (LMRPs) or local coverage determinations (LCDs) on the carrier's Web site.

For example, the -Ophthalmological Testing- LCD for Palmetto GBA, the Part B carrier for Ohio, states, -Gonioscopy ... may be covered when clinically indicated in patients with appropriate signs and symptoms indicating the presence of or likelihood of visual impairment.- The ICD-9 codes they list to support medical necessity for 92020 include:

- 190.0-191.9 -- Malignant neoplasm of eye or brain
- 198.3 -- Secondary malignant neoplasm of brain and spinal cord
- 224.0 -- Benign neoplasm of eyeball, except conjunctiva, cornea, retina and choroid
- 225.1 -- Benign neoplasm of cranial nerves
- 362.31 -- Central retinal artery occlusion
- 362.35 -- Central retinal vein occlusion
- 364.00-364.9 -- Disorders of iris and ciliary body
- 365.00-365.9 -- Glaucoma
- 379.32-379.34 -- Aphakia and other disorders of lens
- 921.3 -- Contusion of eyeball
- 996.51 -- Mechanical complication of prosthetic corneal graft
- 996.53 -- Mechanical complication of ocular lens prosthesis
- 996.69 -- Infection and inflammatory reaction due to other internal prosthetic device, implant and graft.

Note: Other carriers may list even more ICD-9 codes that prove medical necessity for 92020.